an annual mean additional 42.1 outpatient consultations (95% CI: 36.4–57.9) and 2.4 inpatient days (95% CI: 1.2–3.6). This resulted in an estimated increase in health expenditures of $3140 CAN (95% CI: 2052–4225). **CONCLUSION:** Using high quality administrative health data we found that, among individuals living in Vancouver's DTES (Canada'a poorest postal code), infection with HIV resulted in increased mean utilization of health services and expenditures. This has implications for social and health conditions associated with poverty in communities with high HIV prevalence. The quantitative estimates can be useful when evaluating programs designed to prevent and treat HIV amongst persons living in impoverished areas.

EC4

(For ES2 see page A301)

COST-EFFECTIVENESS AND COST-UTILITY OF RITUXIMAB MAINTENANCE THERAPY FOR PATIENTS WITH RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA IN FRENCH SETTING

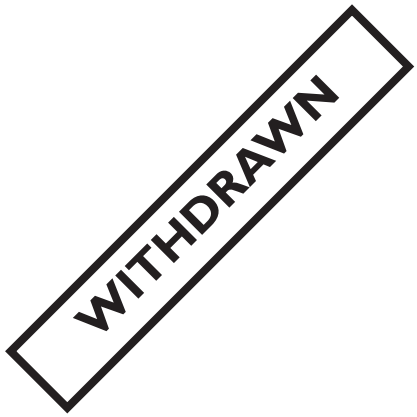
Pacull A[1], Coudray-Omnes C[1], Brice P[2], Deconinck E[3], Le Pen C[4], Miadi-Fargier H[5]

[1]Roche, Neuilly-Sur-Seine, France, [2]Saint-Louis Hospital, Paris, France, [3]INSERM U-645 Université de Franche-Comté CHU Jean Minjoz IFR 133, Besançon, France, [4]Dauphine University, Paris, France, [5]AREMIS—aegisnet, Neuilly sur Seine, France

OBJECTIVES: Rituximab maintenance therapy (RM) has been shown to significantly extend overall survival (OS) and progression free survival (PFS) in relapsed/refractory follicular lymphoma (FL) in the pivotal trial EORTC20981. The purpose of this study was to assess, from the French Sickness Funds perspective, cost-effectiveness and cost-utility of RM after induction therapy versus current standard practice (observation). **METHODS:** A 3 health state lifetime transition model (30 years) was developed comparing RM and observation (Obs). PFS and OS were derived from the trial EORTC20981 with a median follow-up of 28 months and extrapolated from 2-year Kaplan-Meier curves using a Weibull distribution and were conservatively assumed to last only 5 years. Utility data were derived from a multicentric observational study using the EQ-5D questionnaire. Direct medical costs derived from French official sources. Costs were discounted at 3% and sensitivity analyses were performed. **RESULTS:** RM is effective in the management of relapsed/resistant FL. The results showed that life expectancy and QALY were increased respectively by 22% and 30% in patients treated with RM. Incremental cost-effectiveness ratio (ICER) was €7,612 per life year gained. The cost per QALY gained was €8,729. In one-way sensitivity analysis most of ratios fell within the range of €7,000 to €12,000 (the ICERs ranged from €5,700 to €43,300 per LYG and from 6,800€ to €49,700 per QALY). The frequency and cost of treatments upon relapse were identified as drivers for the model. Palliative care, transportation and indirect costs such as productivity loss were not included in the analysis. It was a conservative approach because it was expected that patients under RM would have less relapse and better life expectancy than those in observation. **CONCLUSION:** RM is a cost-effective strategy in the management of relapsed/refractory FL in France with an ICER largely below the threshold commonly cited in such analysis.

ES3

(For ES3 see page A348)



ES4/PSU2

(For ES4 see page A474)